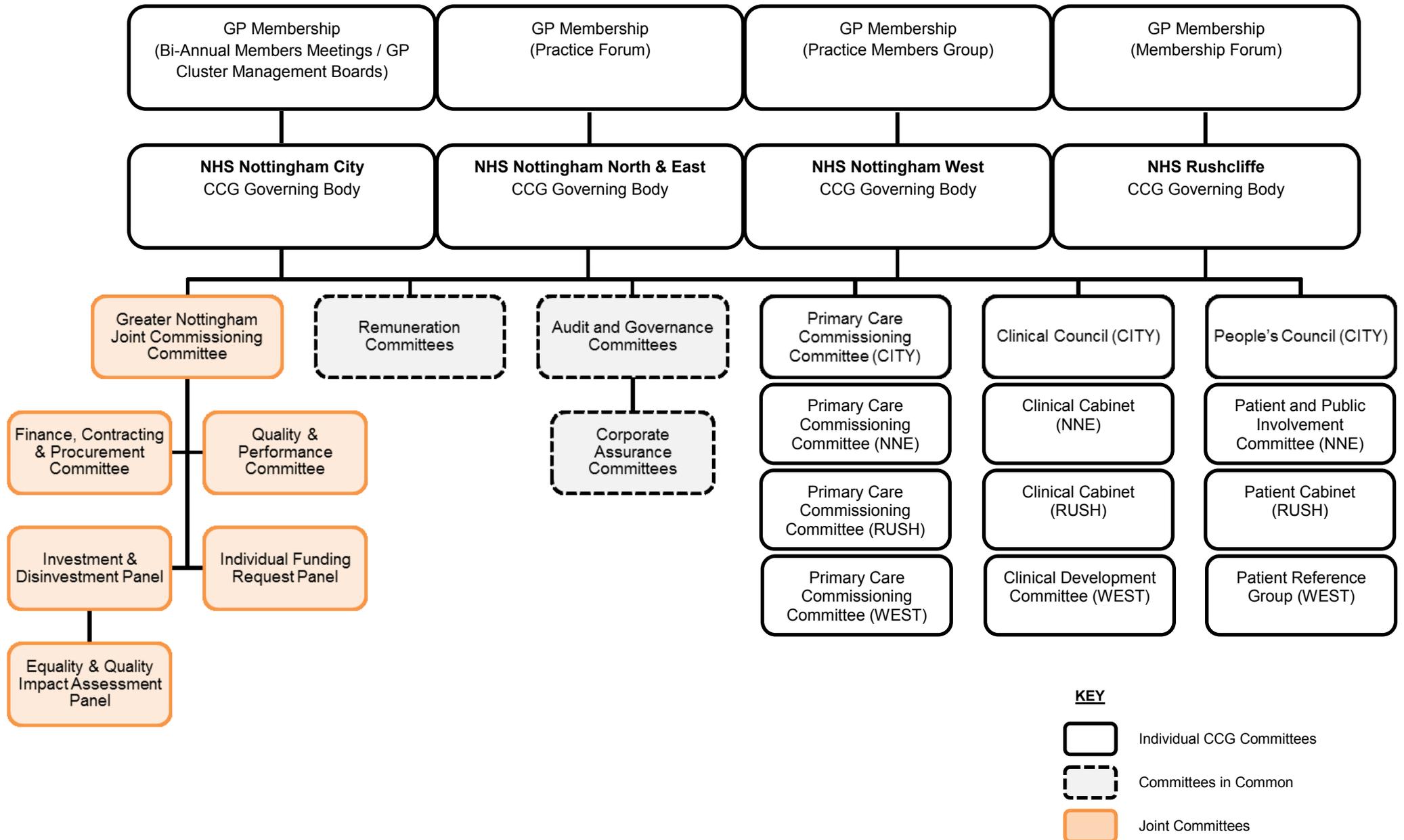


Appendix B - Integrated Committee Structure for the Greater Nottingham CCGs (From 1 April 2018)



Appendix B - Integrated Committee Structure for the Greater Nottingham CCGs (From 1 April 2018)

Committee Terms of Reference

1. The terms of reference for the committees detailed in the table below remain unchanged at the current time. However, please note the following:
 - a) The constitutions for all four CCGs have been amended to allow for the Primary Care Commissioning Committees to meet in common. The feasibility of this will be reviewed during the first quarter of 2018/19 to weigh up the potential benefits of such an approach. All current committee members will be engaged in this process.
 - b) The four different clinical forums across the Greater Nottingham CCGs will be reviewed during the first quarter of 2018/19. This will help to ensure that: the correct links are made between these forums and the Greater Nottingham Joint Commissioning Committee; and to enable development of appropriate governance arrangements for clinical sign-off of Referral Best Practice Guidelines (in line with the move to an Integrated Care System).
 - c) An independent evaluation of the patient and public engagement framework established at NHS Nottingham City CCG is currently being completed by M.E.L. Research. The scope of this review has been revisited to now focus on an evaluation of engagement arrangements across the Greater Nottingham CCGs in line with the move to an Integrated Care System. This work will involve all current members of the four different forums and will be completed during the first quarter of 2018/19. Recommendations from the evaluation will then be used to shape how these forums will operate moving forward.

NHS Nottingham City CCG	NHS Nottingham North and East CCG	NHS Nottingham West CCG	NHS Rushcliffe CCG
Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee
Clinical Council	Clinical Cabinet	Clinical Development Committee	Clinical Cabinet
People's Council	Patient and Public Involvement Committee	Patient Reference Group	Patient Cabinet

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2. The following tables provide a summary of the proposed terms of reference for the remaining committees within the aligned committee structure, with the exception of the Greater Nottingham Joint Commissioning Committee (these terms of reference are provided as a separate appendix to this paper).

Remuneration Committees	
Committee Type	Four separate statutory committees, to be run using a 'Committees in Common' approach. Each committee is accountable to the relevant CCG Governing Body.
Overview of Responsibilities	<ul style="list-style-type: none"> • Make determinations about the remuneration, fees and other allowances for Governing Body members, GP Leads and other Very Senior Managers. This will be guided by NHS policy and best practice and will include all aspects of salary as well as arrangements for termination of employment and other contractual terms. • Make recommendations to the Governing Body on the performance, development and succession planning of Governing Body Members. • Advise on pay policy and any annual award for all employees of the CCG including, pensions, remuneration, fees, travelling or other allowances payable to employees and to other persons providing services to the CCG. <p>NOTE: The Remuneration Committees will not discuss Lay Member remuneration and contractual terms. This will be discussed and agreed by the Accountable Officer and relevant Clinical Chairs, guided by the national framework.</p>
Membership	<p>The membership of each Remuneration Committee will be comprised of three Governing Body Lay Members.</p> <p>It will be possible for individuals to fulfil the membership requirements of more than one Remuneration Committee in the event of common appointments across CCG Governing Bodies.</p> <p>The memberships of the Remuneration Committees will be determined on the basis of the matters to be discussed at each meeting, ensuring that no members of the Committees are involved in discussions and decisions about their own remuneration.</p>
Chair	<p>Each Committee will have its own Remuneration Committee Chair (Lay Member – Financial Management and Audit).</p> <p>However, one Remuneration Committee Chair will be nominated to chair the meetings when the Remuneration Committees meet in common ('the Chair of the Meeting').</p>
Quorum/ Decision-making	The quorum for each Remuneration Committee will be two members.
Frequency	The Committees will meet as required, with a minimum of one meeting per year.
Executive Lead(s)	Accountable Officer (Clinical Chairs when Accountable Officer remuneration is being determined).

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Audit and Governance Committees	
Committee Type	Four separate statutory committees, to be run using a 'Committees in Common' approach. Each committee is accountable to the relevant CCG Governing Body.
Overview of Responsibilities	<ul style="list-style-type: none"> • Provide an independent and objective view of financial systems, financial information and compliance with the laws, regulations and directions governing the CCG in as far as they relate to finance. • Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities that support the achievement of the CCG's objectives. This will include scrutiny of the Governing Body Assurance Framework and Risk Register(s) and monitoring progress regarding the implementation of management action plans to mitigate risks and address gaps in control and assurance. • Scrutinise every instance of non-compliance with the Group's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies. • Monitoring compliance with the Group's Conflicts of Interest Policy and Gifts, Hospitality and Sponsorship Policy. • Review and approve the annual report and accounts, including the Annual Governance Statement. • Ensure there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit and Governance Committee, Accountable Officer and Governing Body. This will include approval of the annual internal audit plan. • Review the work and findings of the external auditors and consider the implications and management responses to their work. • Review arrangements in place for countering fraud, including approval of the counter fraud work programme and review of the outcomes of counter fraud work. • Act as the CCG's Auditor Panel, advising the Governing Body on the selection, appointment and removal of the CCG's external auditors.
Membership	<p>The membership of each Audit and Governance Committee will be comprised of three Governing Body Lay Members.</p> <p>It will be possible for individuals to fulfil the membership requirements of more than one Audit and Governance Committee in the event of common appointments across CCG Governing Bodies.</p> <p>Routine Attendees: Chief Finance Officer, Corporate Director, Internal Audit, External Audit, Counter Fraud</p> <p>Other officers may be invited to attend meetings when the Committee is discussing areas of risk or operation that fall within their areas of responsibility. It is recommended good practice for the Accountable Officer and Clinical Chairs to be in attendance once per year, when the annual reports and accounts are approved.</p>
Chair	Each Committee will have its own Audit and Governance Committee Chair (Lay Member – Financial Management and Audit).

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Audit and Governance Committees

	However, one Audit and Governance Committee Chair will be nominated to chair the meetings when the Audit and Governance Committees meet in common ('the Chair of the Meeting').
Quorum/ Decision-making	The quorum for each Audit and Governance Committee will be two members.
Frequency	The Audit and Governance Committees will meet in common no less than six times per year. Meetings will be scheduled in line with the needs of the annual business cycle.
Executive Lead(s)	Chief Finance Officer (Chief Operating Officer)
Sub-Committees	Each Audit and Governance Committee will have a Corporate Assurance Committee as a sub-committee.

Corporate Assurance Committees

Committee Type	Four separate committees, to be run using a 'Committees in Common' approach. Each committee is accountable to the relevant CCG Audit and Governance Committee.
Overview of Responsibilities	<ul style="list-style-type: none"> • Scrutinise the extent to which the principles and primary objectives of information governance are embedded within the CCG (including information governance management, confidentiality and data protection assurance, information security assurance, secondary use assurance and corporate information assurance). This will include monitoring progress in achieving full compliance with the requirements of the Information Governance Toolkit. • Monitor compliance with the requirements of the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 and approve arrangements in relation to the handling of Freedom of Information requests. • Monitor delivery of the organisation's annual equality improvement plan in relation to Goals 3 and 4 of the NHS Equality Delivery System (empowered, engaged and included staff / inclusive leadership at all levels). • Monitor the extent to which the CCG is meeting its statutory and mandatory training requirements in relation to its workforce and for monitoring the delivery of annual staff appraisals. • Monitor delivery of staff rights and pledges within the NHS Constitution and oversee arrangements for responding to the views and experiences of the CCG's workforce, as highlighted by the annual NHS Staff Survey. • Oversee the delivery of all statutory and mandatory requirements relating to health, safety, security and fire. • Oversee the development, implementation and monitoring of the CCG's incident management arrangements.

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Corporate Assurance Committees	
	<ul style="list-style-type: none"> • Monitor and scrutinise progress in delivering the CCG's Sustainable Development Management Plan. • Monitor progress against the CCG's overarching Policy Work Programme. • Review and monitor the CCG's arrangements for business continuity and for supporting emergency planning. • Oversight of the identification and management of risks relating to the Committee's remit.
Membership	<p>The membership of each Corporate Assurance Committee will be comprised of:</p> <ul style="list-style-type: none"> • Two Governing Body Lay Members (or Associate Lay Members), ensuring some common membership between this committee and the Audit and Governance Committee • Chief Operating Officer • Further Directors/Deputy Directors appropriate to the responsibilities of the committee (to be identified following conclusion of the current staff consultation process). <p>It will be possible for individuals to fulfil the membership requirements of more than one Corporate Assurance Committee in the event of common appointments across CCGs.</p> <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
Chair	<p>Each Committee will have its own Corporate Assurance Committee Chair (Lay Member).</p> <p>However, one Corporate Assurance Committee Chair will be nominated to chair the meetings when the Corporate Assurance Committees meet in common ('the Chair of the Meeting').</p>
Quorum/ Decision-making	To be confirmed, depending on membership.
Frequency	To meet not less than four times per year
Executive Lead	Chief Operating Officer

Quality and Performance Committee	
Committee Type	Joint committee (sub-committee of the Greater Nottingham Joint Commissioning Committee)
Overview of Responsibilities	<ul style="list-style-type: none"> • Scrutinise arrangements for ensuring the quality of services commissioned by the CCGs. This will include monitoring serious incidents, complaints and patient experience data, national and local audit findings and infection prevention and control to identify

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Quality and Performance Committee

	<p>areas of non-compliance, themes and trends and recommend changes in practice through the commissioning process.</p> <ul style="list-style-type: none"> • To oversee systems regarding the development of local CQUIN targets and local Quality Premium targets, including scrutiny of all such proposed targets in terms of their potential to deliver improvements in the safety, clinical effectiveness and patient experience of commissioned services and the extent to which the targets are challenging and realistic. • Review the annual Quality Accounts prepared by the CCGs' main providers prior to final sign off. • To oversee and scrutinise the CCGs' arrangements for identifying and addressing variations in clinical practice, ensuring that clinical intervention is based upon best available evidence. • To scrutinise the robustness of the CCGs' arrangements for clinical effectiveness and clinical audit. • To seek assurance that local healthcare services are being delivered by staff with the appropriate level of skills and training in order to continuously improve and promote high standards of quality and care. • Oversee arrangements for ensuring that patient feedback and engagement are integral in commissioning decisions. • Monitor delivery of the CCGs' annual equality improvement plan in relation to Goals 1 and 2 of the NHS Equality Delivery System (better health outcomes for all / improved patient access and experience). • Oversee the CCGs' performance management framework, including scrutiny of identified action plans to address shortfalls in performance. • Consider specific areas of performance, focussing in detail on specific issues where provider performance is showing deterioration, or where there are quality concerns. • Oversee arrangements for data quality to ensure confidence in the performance information being used for monitoring and reporting purposes. • Oversight of the identification and management of risks relating to the Committee's remit.
<p>Membership</p>	<ul style="list-style-type: none"> • Four Governing Body Lay Members (or Associate Lay Members), including at least one Lay Member of the Greater Nottingham Joint Commissioning Committee • One Secondary Care Doctor • One Independent Nurse • GP Leads • Chief Nurse and Director of Quality • Further Directors/Deputy Directors appropriate to the responsibilities of the committee (to be identified following conclusion of the current staff consultation process). <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>

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Quality and Performance Committee	
Chair	A Lay Member of the Greater Nottingham Joint Commissioning Committee
Quorum/ Decision-making	To be confirmed, depending on membership
Frequency	To meet not less than six times per year
Executive Lead(s)	Chief Nurse and Director of Quality (Chief Commissioning Officer)

Finance and Contracts Committee	
Committee Type	Joint committee (sub-committee of the Greater Nottingham Joint Commissioning Committee)
Overview of Responsibilities	<ul style="list-style-type: none"> • Oversee the development of the CCGs' financial plans. • Monitor progress against the CCGs' financial plans and approved budgets, ensuring that corrective actions are in place where plan delivery is off target. • Oversee the development, implementation and monitoring of the CCGs' Financial Recovery (QIPP) Programme. This will include consideration of the differing financial positions of the CCGs. • Triangulate finance, activity and contractual information across the four CCGs and for each individual CCG. • Review of expenditure across the CCGs with an understanding of the impact of activity movements on the financial position for each CCG. • Scrutinise major shifts in spending, demand pressures and triangulation with QIPP • To scrutinise infrastructure, running cost and programme spend. This will include reviewing significant spend in areas that contribute to productivity and efficiency including IT and estates. • Review and oversight of annual procurement plans. • Oversight of the identification and management of risks relating to the Committee's remit.
Membership	<ul style="list-style-type: none"> • Four Governing Body Lay Members (or Associate Lay Members), including at least one Lay Member of the Greater Nottingham Joint Commissioning Committee • Chief Finance Officer • Chief Commissioning Officer

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Finance and Contracts Committee	
	<ul style="list-style-type: none"> Further Directors/Deputy Directors appropriate to the responsibilities of the committee (to be identified following conclusion of the current staff consultation process). <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
Chair	A Lay Member of the Greater Nottingham Joint Commissioning Committee
Quorum/ Decision-making	To be confirmed, depending on membership
Frequency	To meet not less than ten times per year, normally on a monthly basis
Executive Lead(s)	Chief Finance Officer (Chief Commissioning Officer)

Investment and Disinvestment Panel	
Committee Type	Joint committee (sub-committee of the Greater Nottingham Joint Commissioning Committee)
Overview of Responsibilities	<ul style="list-style-type: none"> To review and make decisions on: all significant new investment proposals; and all significant disinvestment proposals. To review and make funding decisions on applications for excess treatment costs for non-commercially funded research, that relate to the commissioning responsibilities of the CCG.
Membership	<ul style="list-style-type: none"> Four Governing Body Lay Members (ensuring that each of the Greater Nottingham CCGs is represented), including at least one Lay Member of the Greater Nottingham Joint Commissioning Committee. Four Clinical Chairs Accountable Officer / Chief Operating Officer Chief Finance Officer Chief Nurse and Director of Quality <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
Chair	A Lay Member of the Greater Nottingham Joint Commissioning Committee
Quorum/	<p>Quorum to be confirmed, depending on membership.</p> <p>Decision-making arrangements will be governed by an aligned policy that will enable differentiation between the Greater Nottingham</p>

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Investment and Disinvestment Panel	
Decision-making	CCGs. The Panel will have the ability to make urgent decisions.
Frequency	As this is a decision-making panel, meetings will be scheduled on a monthly basis and held as required, dependant on business need. The Panel will have the ability to meet virtually.
Executive Lead(s)	Chief Operating Officer (Chief Nurse and Director of Quality)

Equality and Quality Impact Assessment (EQIA) Panel	
Committee Type	Joint committee (sub-committee of the Greater Nottingham Joint Commissioning Committee)
Overview of Responsibilities	<ul style="list-style-type: none"> Oversee the development and quality assurance of EQIAs as an integral part of service planning and policy development, ensuring EQIAs are completed whenever the CCGs' plan, change or remove a service, policy or function. Consider the collective equality and quality impact of a range of proposals.
Membership	<ul style="list-style-type: none"> Two Governing Body Lay Members (or Associate Lay Members) GP Member on the Greater Nottingham Joint Commissioning Committee Chief Nurse and Director of Quality Further Directors/Deputy Director appropriate to the responsibilities of the committee (to be identified following conclusion of the current staff consultation process). <p>Other officers may be invited to attend meetings when the Committee is discussing matters that fall within their areas of responsibility.</p>
Chair	Lay Member (or Associate Lay Member)
Quorum/ Decision-making	To be confirmed, depending on membership
Frequency	Meetings will be scheduled on a monthly basis, and held as required. The Panel will have the ability to meet virtually.
Executive Lead	Chief Nurse and Director of Quality

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Individual Funding Request (IFR) Panel	
Committee Type	Joint committee (sub-committee of the Greater Nottingham Joint Commissioning Committee)
Overview of Responsibilities	Consider individual requests for NHS commissioned and funded treatment
Membership	To be determined, as per IFR Policy requirements
Chair	To be confirmed
Quorum/ Decision-making	To be confirmed
Frequency	As this is a decision-making panel, meetings will be scheduled on a monthly basis, and held as required.
Executive Lead	Chief Commissioning Officer